## THIS DEVIATION IS NOT VALID WITHOUT A WORK PERMIT

## INDIVIDUAL APPLICATION FOR HOURS DEVIATION FOR 16- AND 17-YEAR-OLD MINORS



Michigan Department of Labor & Economic Growth Wage & Hour Division 7150 Harris Drive, P.O. Box 30476 Lansing, MI 48909-7976

Telephone: 517.322.1825 www.michigan.gov/wagehour

Approval Date:	
Expiration Date:	

AUTHORITY: Act 90, Public Acts of 1978 as amended. The Department of Labor & Economic Growth will not discriminate against any individual because of race, religion, age national origin, color, marital status, handicap or political beliefs.

## **EMPLOYER INFORMATION**

IMPORTANT: Deviation of hours cannot be granted unless this form is completed and returned for review and approval. If approved by the Department, the deviation is valid for the purpose indicated. An adult supervisor must be present during the period of time during which the minor works.

Business Name:		Telephone:				
Corporate Name:						
Mailing Address:						
City:	Sta	te:	Zip Code:			
Detailed duties to be performe	ed by minor:					
Address where minor will work t	he deviated hours if appro	ved by the Department:				
Address:						
			County:			
<ul> <li>During the period the empths the named employee before</li> </ul>			requests approval to employ p.m. as follows:			
• •			Friday & Saturday:			
<ul> <li>The business requests ap hours before 6:00 a.m. or</li> </ul>		med employee, not attend	ing school, during the following			
Signature of Employer or Rep	presentative	Title				
Print Name of Employer or Re	epresentative	Date Application S	Signed			

Minor's Name (Please Print)	Date of Birth	Social Security No.
Statement Of School Attendance		
NOTE: This section <u>must</u> be completed, or a copy of the minor's w	ork permit attached to this form.	
The above named minor attends school	hours per week.	
Name and Address of School Attended by Minor		
Signature of School Representative		Date
Parental/Legal Guardian Permission	Statement	
I give my permission forthis application.	to work th	ne deviated hours indicated on
Signature of Parent or Legal Guardian (	Indicate One)	Date
Print or Type Name of Parent or Legal Guardian	Home Telephone Number	Work Telephone Number

By signing this form the employer certifies that all statements in this application are true and that:

- 1. Records will be maintained on the premises where the minor is employed, certifying that work hours do not exceed 48, and that combined school and work hours do not exceed 48 hours.
- 2. The employment of all minors at this establishment will comply with the provision of Act 90.
- 3. Records required by Act 90 will be maintained and made available for inspection by an authorized representative of the department.

Any minor employed under the provisions of this deviation shall not be employed:

1. For more than 6 days in one week.

**Employee Information** 

- 2. For a period longer than a weekly average of 8 hours per day.
- 3. More than 10 hours in one day, or 48 hours in a week, school and work combined.
- 4. For more than 5 hours continuously without a 30 minute meal or rest break.
- 5. In violation of any Michigan Department of Labor & Economic Growth standard.

A Parent or Guardian may deny or revoke approval for the minor to work the deviated hours requested.

An employer may request a hearing to review a modification or denial by submitting written notice to the department. Upon receipt of the written appeal, a hearing will be scheduled before an administrative law judge, providing the employer an opportunity to justify the deviation.

THIS APPROVAL DOES NOT APPLY IF FEDERAL LAW OR A MUNICIPAL ORDINANCE ESTABLISHES A MORE RESTRICTIVE HOURS STANDARD.